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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

0010/PTO
Rev. 6/95

U.S. Department of Commerce
Patent and Trademark Office

**COMBINED DECLARATION (37 CFR
1.63) AND POWER OF ATTORNEY
FOR UTILITY OR DESIGN
PATENT APPLICATION**

☐ Declaration Submitted with Initial Filing OR ☒ Declaration Submitted after Initial Filing

Attorney Docket Number

16319-05906

First Named Inventor

Michael J. Wissner

COMPLETE IF KNOWN

Application Number

10/081,525

Filing Date

February 21, 2002

Group Art Unit

2171

Examiner Name

Unassigned

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SCALABLE DATABASE MANAGEMENT SYSTEM

the specification of which

(Title of the Invention)

☐ is attached hereto

OR

☒ was filed on February 21, 2002, as United States Application Number Application Number 10/081,525.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information, which is material to patentability as defined in Title 37 Code of Federal Regulations. § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code § 119 (a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

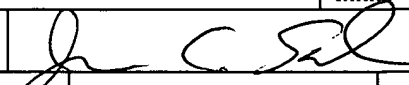
| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority | | Certified Copy Attached? | |
|--|---------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | | | Not Claimed | | YES | NO |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.

| Application Number(s) | Filing Date (MM/DD/YYYY) | <input type="checkbox"/> Additional provisional application numbers are listed on a supplemental sheet attached hereto. |
|-----------------------|--------------------------|--|
| | | |

| DECLARATION | | | | Page 2 | |
|--|---------------------------|---|--------------------------------------|----------------|---------------------|
| <p>I hereby claim the benefit under Title 35, United States Code § 120 of any United States application(s), or § 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.</p> | | | | | |
| U.S. Parent Application Number | PCT Parent Number | Parent Filing Date (MM/DD/YYYY) | Parent Patent Number (if applicable) | | |
| | | | | | |
| <input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto. | | | | | |
| <p>As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:</p> | | | | | |
| Name | | Registration Number | Name | | Registration Number |
| Robert R. Sachs | | 42,120 | Christopher M. Tobin | | 40,290 |
| <input type="checkbox"/> Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto. | | | | | |
| <p>Please direct all correspondence to:</p> <p style="text-align: center;">Christopher M. Tobin Fenwick & West LLP Two Palo Alto Square Palo Alto, CA 94306 U.S.A.</p> | | | | | |
| Telephone | (650) 858-7172 | | Fax | (650) 494-1417 | |
| <p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p> | | | | | |
| Name of Sole or First Inventor: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | |
| Given Name | Michael | Middle Initial | J. | Family Name | Wissner |
| Inventor's Signature | <i>Michael J. Wissner</i> | | | Date | Aug 22, 02 |
| Residence: City | Belmont | State | MA | Country | USA |
| Mailing Address | 31 Harding Avenue | | | | |
| Mailing Address | | | | | |
| City | Belmont | State | MA | Zip | 02478 |
| | | | | Country | USA |
| <input checked="" type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto | | | | | |

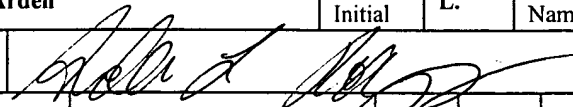
| DECLARATION | | | | | ADDITIONAL INVENTOR(S) Supplemental Sheet | | | | |
|---|---|--|----------------|----|---|-------|--------|-------------|-----|
| Name of Additional Joint Inventor, if any: | | | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | | |
| Given Name | James | | Middle Initial | C. | Family Name | Salem | | Suffix | |
| Inventor's Signature |  | | | | | Date | 5/3/02 | | |
| Residence: City | Acton | | State | MA | Country | USA | | Citizenship | USA |
| Mailing Address | 11 Half Moon Hill | | | | | | | | |
| Mailing Address | | | | | | | | | |
| City | Acton | | State | MA | Zip | 01720 | | Country | USA |

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|---|-------------------|--|----------------|----|---|---------|--|-------------|-----|
| Name of Additional Joint Inventor, if any: | | | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | | |
| Given Name | Arden | | Middle Initial | L. | Family Name | Rodgers | | Suffix | |
| Inventor's Signature | | | | | | Date | | | |
| Residence: City | Arlington | | State | MA | Country | USA | | Citizenship | USA |
| Mailing Address | 60 Blossom Street | | | | | | | | |
| Mailing Address | | | | | | | | | |
| City | Arlington | | State | MA | Zip | 02474 | | Country | USA |

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|---|--|--|----------------|--|---|------|--|-------------|--|
| Name of Additional Joint Inventor, if any: | | | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | | |
| Given Name | | | Middle Initial | | Family Name | | | Suffix | |
| Inventor's Signature | | | | | | Date | | | |
| Residence: City | | | State | | Country | | | Citizenship | |
| Mailing Address | | | | | | | | | |
| Mailing Address | | | | | | | | | |
| City | | | State | | Zip | | | Country | |

| | | | | | | | | | |
|--|--|--|----------------|--|---|------|--|-------------|--|
| Name of Additional Joint Inventor, if any: | | | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | | |
| Given Name | | | Middle Initial | | Family Name | | | Suffix | |
| Inventor's Signature | | | | | | Date | | | |
| Residence: City | | | State | | Country | | | Citizenship | |
| Mailing Address | | | | | | | | | |
| Mailing Address | | | | | | | | | |
| City | | | State | | Zip | | | Country | |
| <input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto | | | | | | | | | |

| DECLARATION | | | | ADDITIONAL INVENTOR(S) Supplemental Sheet | | | |
|--|-------------------|----------------|----|---|-------|-------------|-----|
| Name of Additional Joint Inventor, if any: | | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | |
| Given Name | James | Middle Initial | C. | Family Name | Salem | Suffix | |
| Inventor's Signature | | | | | Date | | |
| Residence: City | Acton | State | MA | Country | USA | Citizenship | USA |
| Mailing Address | 11 Half Moon Hill | | | | | | |
| Mailing Address | | | | | | | |
| City | Acton | State | MA | Zip | 01720 | Country | USA |

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|--|---|----------------|----|---|---------|--------------|-----|
| Name of Additional Joint Inventor, if any: | | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | |
| Given Name | Arden | Middle Initial | L. | Family Name | Rodgers | Suffix | |
| Inventor's Signature |  | | | | Date | May 17, 2002 | |
| Residence: City | Arlington | State | MA | Country | USA | Citizenship | USA |
| Mailing Address | 60 Blossom Street | | | | | | |
| Mailing Address | | | | | | | |
| City | Arlington | State | MA | Zip | 02474 | Country | USA |

| | | | | | | | |
|--|--|----------------|--|---|------|-------------|--|
| Name of Additional Joint Inventor, if any: | | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | |
| Given Name | | Middle Initial | | Family Name | | Suffix | |
| Inventor's Signature | | | | | Date | | |
| Residence: City | | State | | Country | | Citizenship | |
| Mailing Address | | | | | | | |
| Mailing Address | | | | | | | |
| City | | State | | Zip | | Country | |

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|--|--|----------------|--|---|------|-------------|--|
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| Given Name | | Middle Initial | | Family Name | | Suffix | |
| Inventor's Signature | | | | | Date | | |
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| Mailing Address | | | | | | | |
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